Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935

Madison, WI 53708-8935

FAX #: (608) 261-7083 **Phone #: (608) 266-2112**

Applicant's Name

1400 E. Washington Avenue Madison, WI 53703

E-Mail: web@drl.state.wi.us Website: http://drl.wi.gov

Date

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

PROFESSIONAL HYDROLOGIST SECTION

PEER REVIEW EVALUATION FORM

	Type of Credential Applying For:						
he professiona applicant's prac	I section completed etice and who certifie	470, Stats., submission of at by a registered professional sthat the applicant is qualified the Peer Reviewed Project	l who has had professionard to assume responsible characteristics.	al contact with the arge of work.			
		verify the experience receive	1 1 0				
The applicant n depends, among training and exp charge of work	amed above has filed g other consideration perience under a lice as described on Page	S REQUIRED TO COMPLE d an application for licensure s, on the verification of the e nsed professional or the pers e 3 by the applicant. Please a chand knowledge of the appli-	with the State of Wisconsin xtent, diversity, and quality ons the Section determines ssist us by supplying the inf	of his/her practical to have responsible formation requested			
Name of Peer R	Review Evaluator		Title				
Street Address_							
City/State/Zip C	Code						
Nature of Curre	ent Business						
		the requirements as a licens ation, credential (license) or r		ider sec. 470, Stats.			
Type		Issuing State or Organization	Number	Year Issued			

Wisconsin Department of Regulation & Licensing

EVALUATOR IS REQUIRED TO COMPLETE THIS SECTION TO VERIFY THE HYDROLOGICAL EXPERIENCE RECEIVED OR A PEER REVIEWED PROJECT

FOR PEER REVIEWER OF APPLICANT APPLYING BY PEER REVIEW:
The work product we wish you to verify is described by the applicant on page 3 of this form. Please verify you peer review, the accuracy of the description of what you reviewed, and indicate your evaluation of the applicant's analysis. Include your opinion on the complexity of the problem and the thoroughness of the analysis and application of principles.
Evaluator's signature Date

UPON COMPLETION, THIS FORM IS TO BE RETURNED TO THE DEPARTMENT OF REGULATION AND LICENSING BY THE EVALUATOR. (Page 3 of this form must be attached.)

Wisconsin Department of Regulation & Licensing

THIS SECTION TO BE COMPLETED BY THE APPLICANT <u>DESCRIPTION OF HYDROLOGIC EXPERIENCE</u>

Name of Applicant								
Name and Business Address of Applicant's Employer at Time of Experience								
Name of Supervisor								
Dates of Employment: _								
	month/year			month/year				
Total Experience	month/year	to		Percent of Time(100% if full time)				

Applicant should make explicit statements listing and defining work performed, listing and defining projects for which he/she had full or partial responsibility, including statement of extent and complexity of work performed. If more space is needed attach additional sheet.